DISABILITY AND INCLUSION SURVEY

Tonj South County, Warrap

Data Collection: September to October 2022

IOM staff conducting mobility orientation training in Tonj South County, Warrap State

DTM
IOM DISPLACEMENT TRACKING MATRIX
SOUTH SUDAN

IOM
UN MIGRATION

DISCLAIMER

This report was produced as part of United Nations Central Emergency Response Fund (CERF) underfunded emergency project aimed at facilitating access to services for persons with disabilities.

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TABLE OF CONTENTS

ACRONYMS

CERF:	Central Emergency Response Fund
CRPD:	Convention on the Rights of Persons with Disabilities
DTM:	Displacement Tracking Matrix
HI:	Humanity and Inclusion
HIV:	Human Immunodeficiency Virus
HNO:	Humanitarian Needs Overview
IOM:	International Organization for Migration
MHPSS:	Mental Health and Psychosocial Services
NFI:	Non-Food Items
NGO:	Non-governmental Organization
PWD:	Persons With Disabilities
UN:	United Nations
VCT:	Voluntary Counselling and Testing
WG-SS:	Washington Group Short Set on Functioning
WHO:	World Health Organization

BACKGROUND AND AIMS

The humanitarian situation in South Sudan is deteriorating as a consequence of prolonged conflict, social and political instability, climate-related shockwaves – such as severe flooding and erratic rainfall – and economic depreciation. The interrelated hardships continue to adversely impact the humanitarian conditions of civilians in South Sudan, in terms of protection risks, food insecurity, exposure to violence, public health challenges, barriers to services and more, being as an estimated 76 per cent of the country's population will be in need of humanitarian assistance in 2023 (South Sudan HNO 2023, p.06). The worsening situation has led to repeated internal and cross-border household displacements, limited humanitarian operations, eroded previously provided support, and worsened people's lives and livelihoods.

Vulnerable people in South Sudan, including persons with disabilities (PWD), are more susceptible to the cascading and compounding effects of protracted violence, extreme weather events and poor macro-economic conditions, further aggravating their vulnerabilities. As stated in Artical 1- Purpose of the Convention on the Rights of Persons with Disabilities (CRPD), "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others". According to the World Health Organization (WHO), the global disability prevalence is approximately 15 per cent of the world's population. As such, among South Sudan's population, roughly 15 per cent are people living with some form of disability.

Persons with disabilities are prone to being caught in violence or abandoned and face greater challenges in accessing humanitarian services. Moreover, those helping persons with disabilities to flee danger must deal with the accompanying risks and consequences. In the case of South Sudan, it is highly likely that the share of persons with disabilities increased, as conflict and climate-related disasters lead to higher incidents of disability, including cognitive disabilities or physical impairments as a result of severe malnutrition and insufficient access to essential needs and services, poverty, injury, setting off mines or unexploded ordinance, and displacement.

As indicated by multiple surveys conducted by the International Organization for Migration (IOM) and Humanity and Inclusion (HI) (Malakal 2021, Wau 2019, Bentiu 2018), 75 per cent of persons with disabilities are perceived to be at a disadvantage when accessing services, especially women and children. Women and girls are highly prone to domestic and sexual violence, and remain marginalized and subject to heightened protection risks. Anecdotally, women and girls with disabilities are especially exposed to discrimination, abuse, violence and stigma. Stigmatizing attitudes towards disability often contributes to further isolation of and discrimination against persons with disabilities, reinforcing protection concerns and mental health risks.

Persons with disabilities in South Sudan are subject to physical and verbal abuse, and children with disabilities face many challenges that hinder access to educational opportunities and specialized health services. Moreover, the absence of accessible and affordable healthcare, barriers to employment, poor infrastructure, limited access to humanitarian aid, and scarcity of representative organizations to advocate for their rights, continue to disproportionately affect persons with disabilities in South Sudan. Further exacerbating the worsening humanitarian situation of persons with disabilities, is the insufficient data available on disability in South Sudan.

IOM conducted an assessment, under the Central Emergency Respond Fund (CERF) project "Provision of holistic humanitarian support to persons with disabilities in Aweil South and Tonj South", to inform and engage humanitarian planning and delivery with the aim of identifying and addressing the humanitarian needs of persons with disabilities living in the counties of Aweil South and Tonj South. The study aims to improve the knowledge base available to the humanitarian community about access to services by persons with disabilities living in these counties, and highlight the gaps, risks and barriers they face. It seeks to empower persons with disabilities to express their concerns and provide their feedback about possible targeted interventions. It also aims to raise awareness about the rights of PWD and influence community-based attitudes and perceptions towards disability inclusion.

KEY FINDINGS

- **31.6%** are persons with disabilities (PWD), as identified by the WG-SS (see Methodology).
- **44.4%** have one disability, 40.4 per cent have **2** to **4** disabilities, 15.2 per cent have **5** to **6** disabilities.
- Visual impairment is the most prevalent functional domain of disability, reported by **57.6%** PWD.
- **57.6%** are women and girls with disabilities and 42.4 per cent are men and boys with disabilities.
- The average age among PWD was 50 years old. The share of those aged between 45 and 59 years was the highest, accounting for 37.7 per cent of women and girls with disabilities, and 39.3 per cent of men and boys with disabilities.
- **69%** are unable to reach and use services provided by humanitarian assistance.
- **74.1%** reported that physical distance to services was the main barrier hampering access to services.
- **59.1%** reported that lack of physical access, 47.7 per cent lack of economic resources and 44 per cent lack of information were other main reported barriers hampering access to services.
- **80.8%** reported that HIV/VCT services are not available.
- **97.9%** speak the local language and 89.6 per cent cannot read or write.
- **44.6%** reported megaphone loudspeakers as their source of information and 97.3 per cent reported local. authorities as the leading information providers.
- **43%** have never been involved in decision-making processes around the services delivered.
- **29%** reported having medical needs within the past six months, 39.9 per cent of whom were unable to address them, mainly due to lack of economic resources (reported by 81.8% of PWD).
- **25.9%** require access to specific nutrition supplies for their health condition, 40 per cent of whom do not have access, mainly due to the unavailability of those supplies (reported by 74.5% of PWD).
- **69.4%** reported not having access to enough safe water.
- **87.6%** reported not having access to latrines or a sanitary facility.
- **83.4%** reported not being registered for distributions.
- **67.4%** reported not having access to psychosocial support.
- **41.5%** require assistive devices and 72 per cent require specific services.
- **73.1%** reported organizing more recreational and cultural activities as the most suggested action for more satisfactory and happier lives.

METHODOLOGY

IOM designed and conducted this assessment to bring together representative statistics on the prevalence of disability and barriers faced by persons with disabilities in Tonj South County, in Warrap State, in the north of South Sudan.

A quantitative survey was administered to all consenting individuals in 640 randomly sampled households, across two payams across Tonj South county, namely, Tonj, and Wanhalel, between 15 September and 7 October 2022. The number of households sampled is proportional to the population estimate indicated in IOM's Displacement Tracking Matrix (DTM)'s Mobility Tracking Village and Neighborhood Assessment , round 11, 2021. The findings are calculated based on a 95% confidence level, with a 5% margin of error. The survey was designed and administered by four of IOM's DTM staff and 19 enumerators, all of whom received trainings in protection and disability inclusion, and on the use of mobile phone data collection and Avenza maps.

All household members present at the time of the assessment and aged fifteen years or above were requested to self-report disability by reporting on their basic functioning, followed by the barriers they are facing. The Washington Group Short Set on Functioning (WG-SS) was the data collection tool used as the self-reporting measure to identify persons with disabilities.

The WG-SS is comprised of six questions that ask respondents (5 years of age or older) about the difficulties they have while doing certain activities due to a health problem. These activities are seeing (even if wearing glasses), hearing (even if using a hearing aid), walking or climbing steps, remembering or concentrating (cognition), washing or dressing (self-care), and communicating in one's customary language or being understood.

According to the WG-SS, disability is determined when a respondent has at least a lot of difficulty on at least one of the six questions. Persons who responded as such were then asked a series of follow-up questions on access to basic services either in person or, if unable to do so, through their support persons.

In total, 627 individuals completed the WG-SS component of the survey, of whom 198 were identified as persons with disabilities. Among the total PWD interviewed, 114 were women and girls with disabilities and 84 were men and boys with disabilities. The number of women and girls is likely higher because they tend to be in or around their shelters during the daytime, which is when the survey was conducted. Therefore, data presented in this report on persons with disabilities should only be taken to represent the sampled daytime population of Tonj South County (198 individuals), rather than its overall population.

Hereinafter, in this report, when survey respondents are mentioned, they refer to this sampled daytime population of PWD interviewed in Tonj South County. Both descriptions – Persons with disabilities and survey respondents (also referred to as respondents) – are used interchangeably.

STANDARDS, GUIDELINES AND LEARNING ON DISABILITY INCLUSION

International humanitarian policies and standards have been advocating for the inclusion of persons with disabilities (PWD). Inclusive humanitarian action stems from the humanitarian mandate* of reaching people most in need of assistance, without discrimination, and protecting those at risk. Inclusive humanitarian action aspires to address the diverse needs of persons with disabilities by removing barriers that hinder access, and by promoting meaningful participation in situations of humanitarian crisis (Article 3(3) of CRPD.

Disability inclusion is now recognized as a key priority by humanitarian actors, UN agencies and donors. The 2016 World Humanitarian Summit highlighted the need to guarantee equal access to humanitarian assistance for persons with disabilities, and to address their needs and priorities by adapting humanitarian programming and tools. This commitment is enshrined in the 2016 Charter on Inclusion of Persons with Disabilities in Humanitarian Action, currently signed by over 200 stakeholders, which accelerated efforts to mainstream disability inclusion across the humanitarian programming.

In line with the 2006 Convention on the Rights of Persons with Disabilities (CRPD), numerous humanitarian actors require that humanitarian assistance and protection be inclusive of persons with disabilities. A number of resources guiding humanitarian actors include UNHCR's Working With Persons with Disabilities in Forced Displacement, UNICEF's Including Children with Disabilities in Humanitarian Action, UNRWA's Disability Inclusion Guidelines, ADCAP's Humanitarian Inclusion Standards for Older People and People with Disabilities and DFID's Guidance on Strengthening Disability Inclusion in Humanitarian Response Plans.

** Namely, International Humanitarian Law principle of impartiality, International Human Rights Law, International Refugee Law, CRPD, Convention on the Elimination of All Forms of Discrimination Against Women, and Convention on the Rights of the Child*

Disability inclusion is prominent in protection mainstreaming tools such as the Core Humanitarian Standards, the accompanying SPHERE Handbook and the protection mainstreaming guidelines. More recently, the Inter- Agency Standing Committee established a task team to develop the Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, which were released in November 2019.

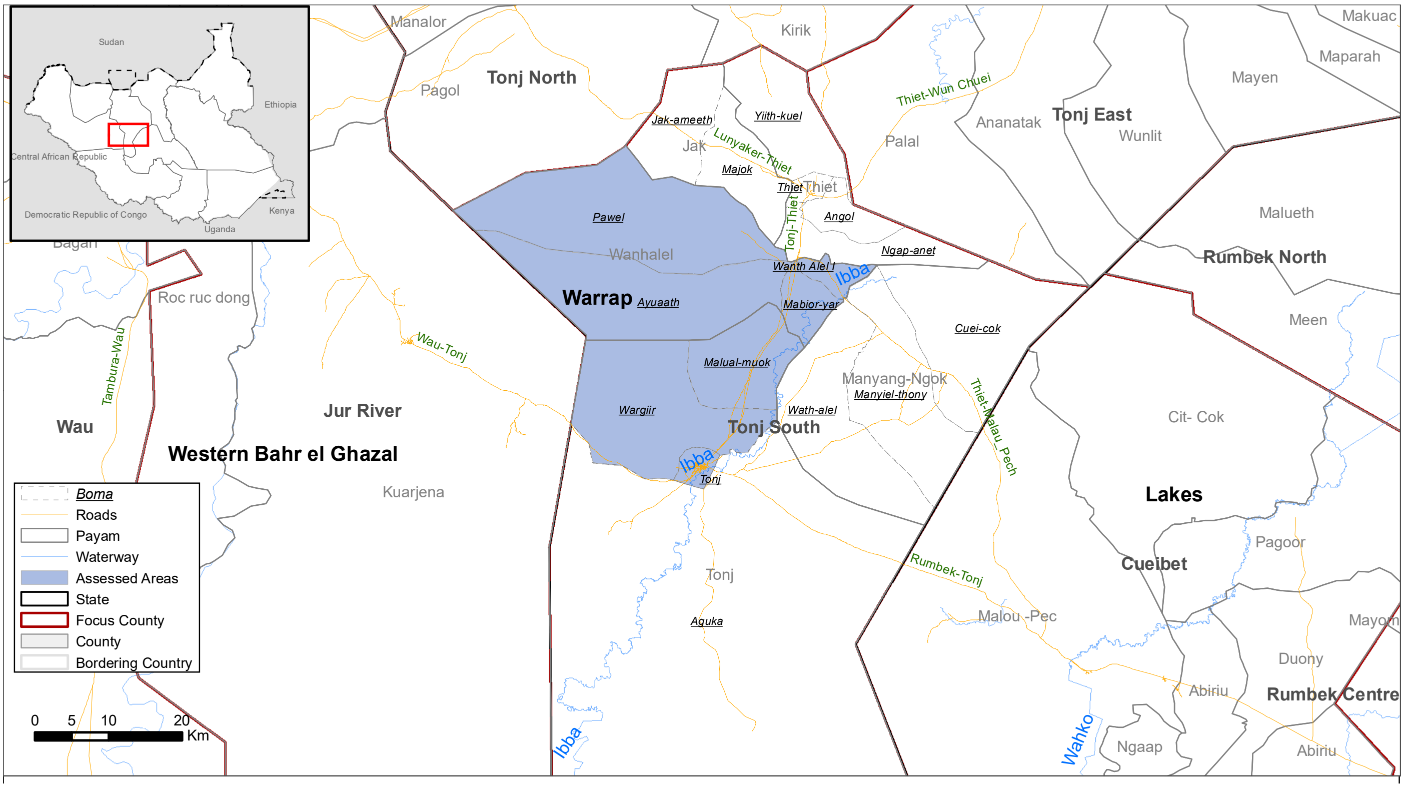
The main objectives of the protection mainstreaming tools are to guide and build capacity of humanitarian actors, governments and affected communities to coordinate, plan, implement, monitor and evaluate essential actions fostering the effectiveness, appropriateness and efficiency of humanitarian action for persons with disabilities. Further, it aims to promote accountability and to increase and improve participation of persons with disabilities and their representative organisations in humanitarian action.

Available resources on mainstreaming disability inclusion – by providing accessible infrastructure, information and equal access to opportunities – include the International Organization for Standardization's (ISO) guiding document on disability-inclusive infrastructure "Building Construction – Accessibility and Usability of the Built Environment ", and the International Federation of Red Cross and Red Crescent Societies's (IFRC) technical guide on disability-inclusive shelter and settlements in emergencies, "All Under One Roof ". Additional resources include Humanity and Inclusion's (HI) "Guidelines for Creating Barrier-free Emergency Shelters ", and the International Christian Development Organisation's (CBM) "Inclusive Post-Disaster Reconstruction: Building Back Safe and Accessible for all ".

By developing humanitarian standards and guidelines, mainstreaming tools and strategies, conducting research and publishing resources, humanitarian actors, UN agencies and donors have been promoting and implementing disability inclusion with the aim of prioritizing and improving the quality of life of persons with disabilities amid vulnerable communities across the world.

CONTEXT OF TONJ SOUTH COUNTY

Map 1: Tonj South County Reference Map



Disclaimer: This map is for illustration purpose only. The boundaries and names shown, and the designations used on this map do not impy official endorsement or acceptance by IOM.

Tonj South is one of six counties in Warrap State, located in the north of South Sudan. Tonj South borders Tonj North to the north-west, Tonj East to the north-east, Lakes State to the east and south, Western Equatoria to the south-west, and Western Bahr el Ghazal to the west.

Tonj South County's headquarters is Tonj Town, the largest city between Rumbek, the capital of Lakes State, and Wau, the capital of Western Bahr el Ghazal. Despite its strategic location, the downturn of income-generating opportunities has impeded any prospects of local economic development.

Warrap is one of the most flood-affected states in South Sudan, according to OCHA's South Sudan Flooding Situation Report. Flooding remains a regular concern, contaminating water and increasing the risks of waterborne disease outbreaks, loweing crop and livestock production and productivity, limiting fishing opportunities, destroying shelters and infrastructure and in turn, disrupting people's livelihoods and displacing many.

Competition over water and land resources, fishing materials and livestock, and access to markets, is a key driver to local violence and cattle raiding. Widespread insecurity across Tonj South County is further narrowing people's livelihood opportunities, limiting the movement of market goods and forcing people to flee their homes.

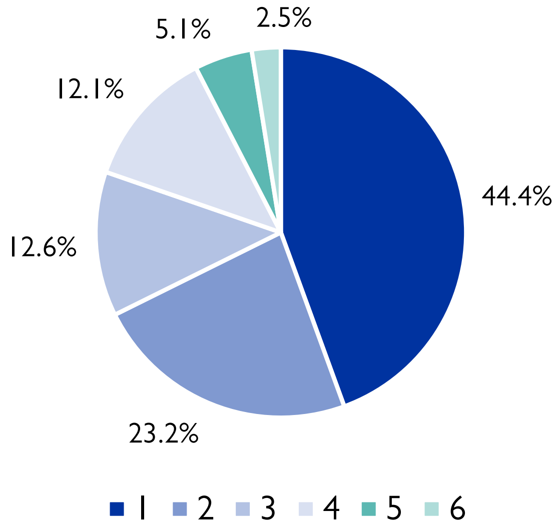
The impact of climate-related shocks, coupled with widespread conflict, continue to worsen the scale and severity of acute food insecurity. With persons with disabilities already marginalized and facing higher protection risks, the worsening humanitarian situation is further exacerbating their access to basic needs.

General Overview of Persons with Disabilities in Tonj South County

Survey findings show that almost one in every three persons (31.6% of the total, 198 individuals), in Tonj South County has at least one disability that limits their functionality. Among the persons with disabilities interviewed, 21.21 per cent required the assistance of their caregiver to answer the questionnaire.

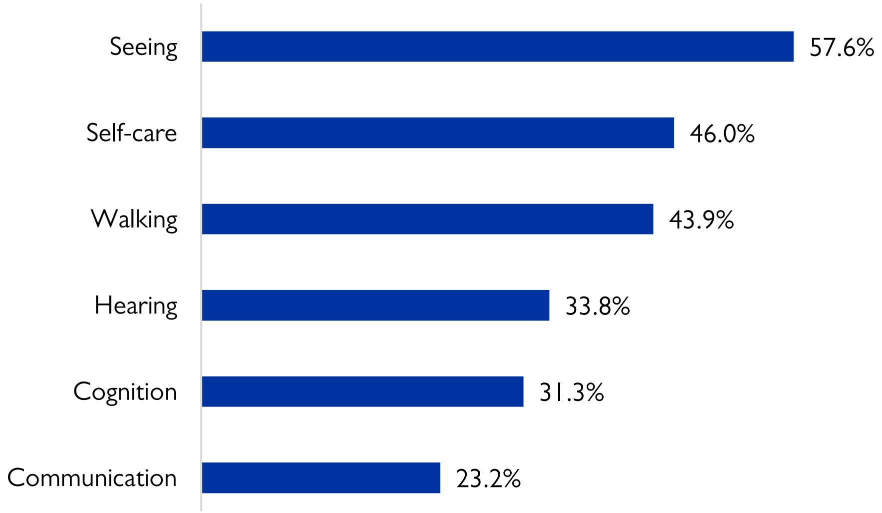
From a total of 31.6 per cent of persons with disabilities, 44.4 per cent reported to have one disability, and 55.6 per cent reported to have more than one. Specifically, 40.4 per cent reported to have two to four disabilities, and 5.2 per cent reported to have five to six disabilities.

Figure 1: Distribution of respondents (%) by number of reported disabilities



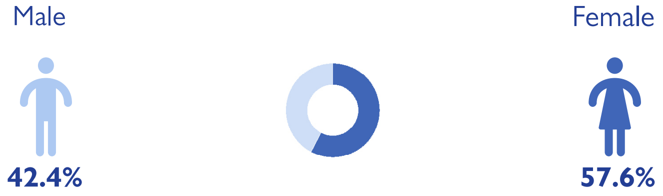
The most prevalent form of disability was reported to be in the functional domain of seeing (57.6%), subsequent to self-care (washing or dressing) (46.0%), walking (43.9%), hearing (33.8%) cognition (31.3%), and communication (23.2%).

Figure 2: Distribution of respondents (%) by their reported disabilities, across six domains of functioning



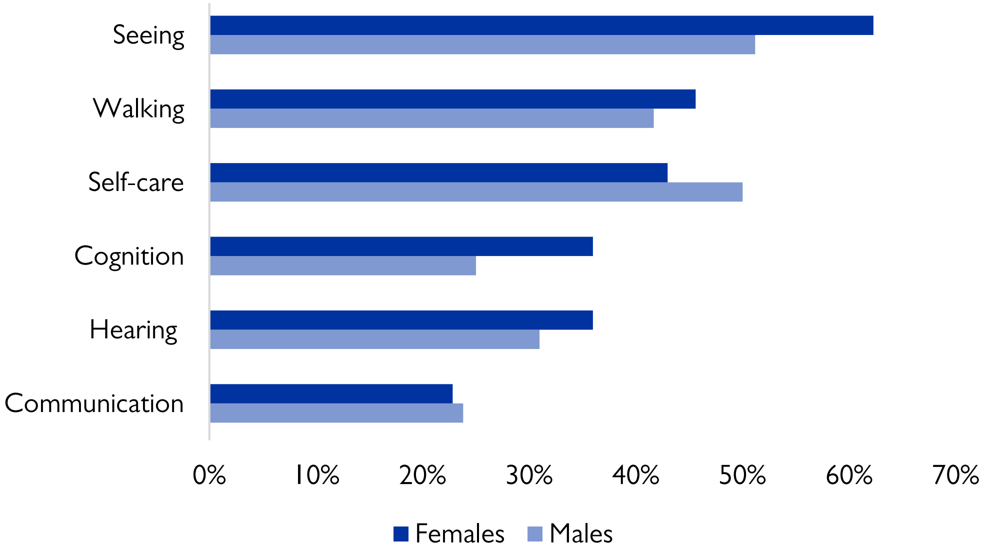
Women and girls with disabilities tend to be in or around their shelters during daytime, which is when the survey was conducted. As a result, women and girls with disabilities accounted for a higher share of PWDs, as opposed to men and boys with disabilities. Therefore, the figures presented in this report are only representative of the daytime population of PWDs in Tonj South County. Among the 198 persons with disabilities interviewed, 114 were women or girls, accounting for 57.6 per cent, while 84 were men and boys, accounting for 42.2 per cent.

Figure 3: Distribution of respondents by gender



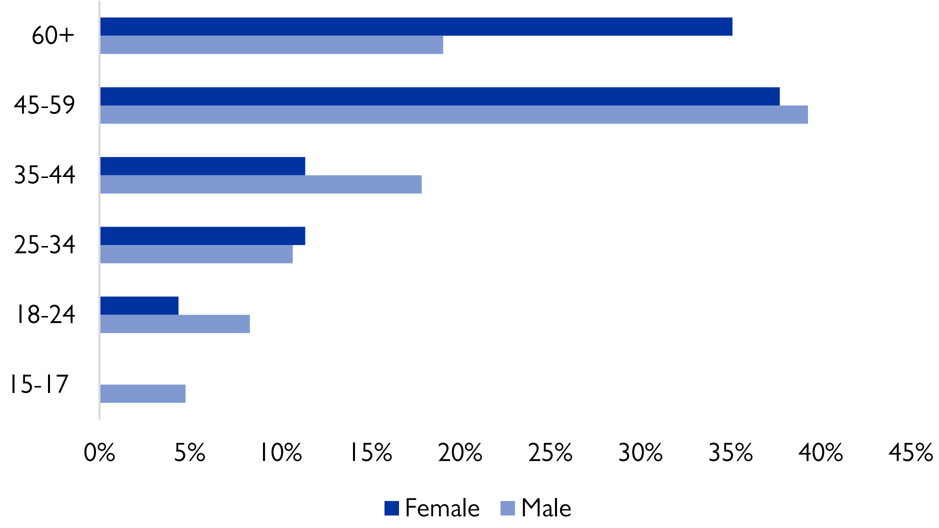
However, despite women and girls accounting for a higher share in this sample, there are no significant gender differences in disability incidence rates across functional domains. For example, considering that 55.6 per cent of PWD reported having more than one disability, the most prevalent functional domain of disability among both genders was seeing, accounting for 62.3 per cent among women (71 among 114 women and girls with disabilities) and 51.2 per cent among men (43 among 84 men and boys with disabilities).

Figure 4: Distribution of respondents (%) by gender, across the reported six disability domains



The average age of survey respondents was 50 years. On average, women and girls with disabilities were 52 years old, while men and boys with disbailities were 46 years old. Age distribution among both genders was similar. The share of those aged between 45 and 59 years was the highest, accounting for 37.7 per cent of women and girls with disabilities, and 39.3 per cent of men and boys with disbailities. The share of older persons was higher among women women and girls with disabilities (35.1%), compared to men and boys with disabilities (19.0%). There were no women and girls with disabilities aged 15 to 17 years, whereas the share of that age group accounted for 4.8 per cent among men and boys with disabilities

Figure 5: Age distribution of respondents (%), by gender

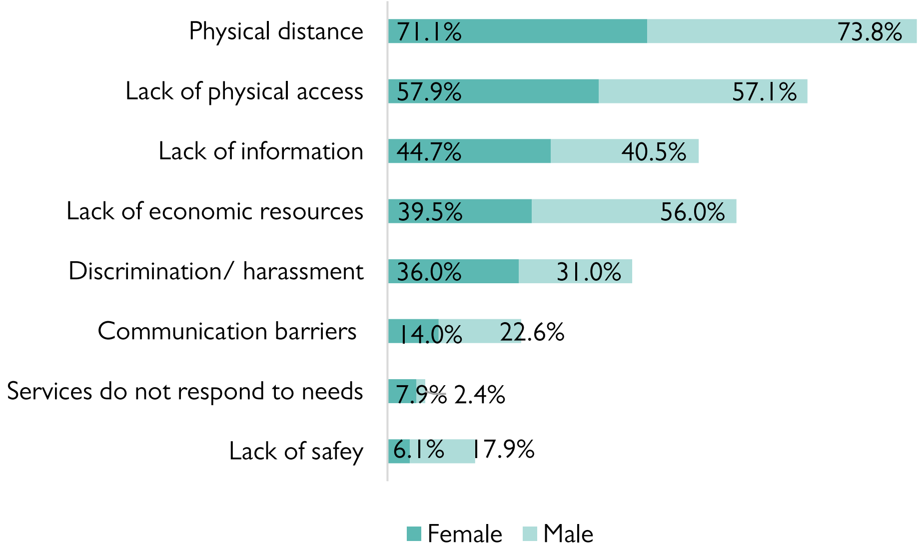


General Overview of Access to Basic Services by Persons with Disabilities

Humanitarian access in South Sudan is hampered by ongoing conflict and insecurity. Unsuited infrastructure and poor road conditions severely restrict access. The rainy season and severe floods further disrupt humanitarian operations in South Sudan, rendering many locations inaccessible. When survey respondents were asked if they were able to reach and use the services provided by the humanitarian workers whenever they choose or need to, more than two thirds (69.0%) asnwered no, 30.6 per cent answered by yes and less than one per cent did not know (0.4%).

All the respondents reported facing at least one experience that made it difficult for them to access services. Physical distance was reported as the main difficulty (74.1%) in accessing services, followed by lack of physical access (59.1%), lack of economic resources (47.7%), lack of information (44.0%), discrimination or harrasment (34.7%), communication barriers (18.1%), lack of safety (11.4%), and services do not respond to their needs (5.7%).

Figure 6: Main challenges hindering access to basic services, as reported by respondents (%) by gender (total is more than 100% because more than one option possible)



When survey respondents were asked if they feel that services are being provided equally and fairly to people, 59 per cent answered no, 28 per cent answered yes, and 13 per cent did not know. Access to HIV / VCT services was reported to be the most unavailable service, as reported by 80.8 per cent of persons with disabilities. The following top five basic services reported to be mostly unavailable were access to toilets and sanitation (79.8%), pyschosocial support (78.8%), rehabilitation services (73.6%), services provided through cash assistance (67.4%), and NFI distributions (65.3%).

Figure 7: Availability and accessibility of basic services across sectors, as reported by respondents (%)

Basic Services	Available		Not available	Not Applicable
	Within reach	Hard to reach		
	% of respondents			
HIV / VCT services	3.1	14.5	80.8	1.6
Toilets and sanitation	7.25	10.4	79.8	2.6
Pshycosocial support	2.6	17.1	78.8	1.6
Rehabilitation services such as physiotherapy / assistive devices	3.1	19.2	73.6	4.2
Services provided through cash	4.2	24.9	67.4	3.6
NFI distribution	1.0	28.0	65.3	5.7
Protection services	9.3	20.7	63.7	6.2
Assistance (specific to impairment) in accessing services	6.2	26.9	60.1	6.7
Shelter	21.8	17.6	55.4	5.2
Safe and clean water	13.0	29.5	55.4	2.1
Livelihood opportunities	9.0	31.6	52.6	6.8
Food distribution	3.1	40.4	50.8	5.7
General health services	4.7	43.5	50.3	1.6
Access to medication	3.6	43.0	49.7	3.6
Access to information about services	9.3	33.7	49.7	7.3
Reunification with family members / caregivers	38.3	19.2	35.2	7.3
Education	33.3	33.3	33.3	0

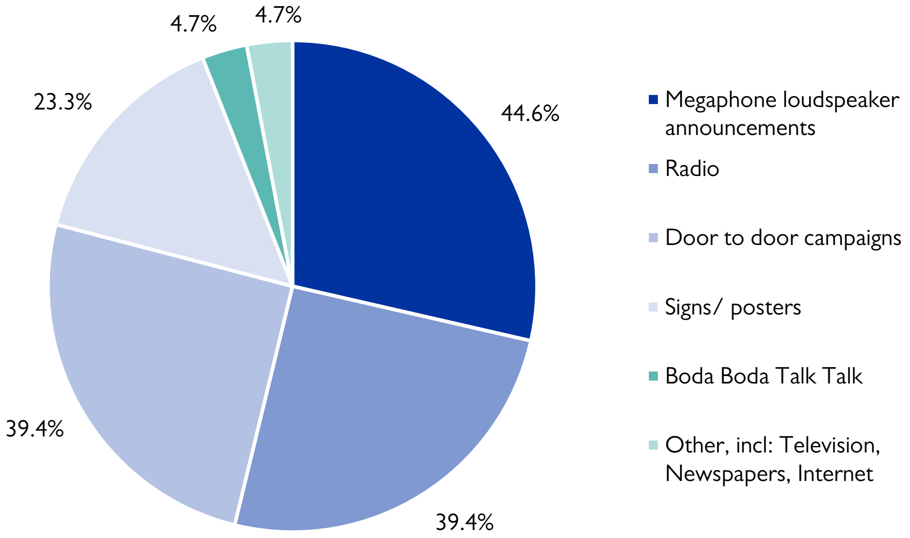
One in every two persons with disabilities (53.9%) reported feeling unsafe when accessing services, 36.3 per cent did feel safe and 9.8 per did not know. Around one third of the survey respondents (34.7%) reported not encountering any dangers when accessing or using services, while a majority did (65.3%). Of whom, 44.6 per cent reported facing physical violence, 38.3 per cent reported facing discrimination, 35.8 percent faced verbal violence, stigmatization (22.3%), coercion (9.8%), bribery (5.2%) and sexual violence (1%).

The top suggestion by persons with disabilities, to improve the security situation, was to change the location of the service (67.9%). Other suggestions were and to change the service working hours (49.7%) and to clarify where to report protection incidents (32.6%). Around 4.2 per cent of respondents did not feel the need for improvements and 16.1 per cent did not know. Almost half of persons with disabilities interviewed (48.7%) felt that their dignity was respected, while 51.3 per cent did not. Among whom 37.8 per cent felt that there was a lack of respect, and discrimination (20.7%), and 11.9 per cent felt that there was a lack of confidentiality.

Access to Information Services by Persons with Disabilities

Almost all survey respondents speak the local language (97.9%) and around eight percent speak Arabic or English. Around ten per cent reported that they can read and/or write. The fact that 89.6 per cent cannot read or write, and considering that visual impairment is the most prevalent functional domain of disability (refer to figure 2), information campaigns that target persons with disabilities are highly constrained. The most common sources of information among respondents were announcements visa megaphone loudspeakers (44.6%), the radio (39.4%), door to door campaigns (39.4%), signs and posters (23.3%), Boda Boda Talk Talk recorded audio information (4.7%), followed by television, the internet and newspapers (around 1% each).

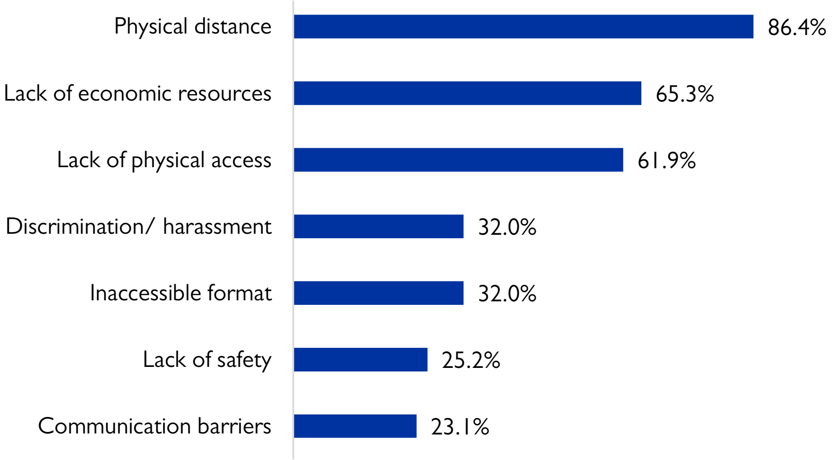
Figure 8: The most common sources of information, as reported by respondents (%), (total is more than 100% because more than one option possible)



Local authorities were the leading information providers, according to 97.3 per cent of respondents, subsequent to non-governmental organizations (NGOs) (73.5%), community mobilizers (64.6%), family and friends (42.2%), Community High Committee (27.2%), and religious leaders (12.2%). The most important reported information topics were service provision (74.2%), health advice and treatment (69.4%), news from family members (54.4%), security and protection information (44.2%), and news from their home community or place of origin (15.0%).

As mentioned earlier, with 44 per cent reporting having experienced difficulties in accessing services due to lack of information (refer to figure 6), and 49.7 per cent reporting that access to information about services is not available, or hard to reach (19.2%) (refer to figure 7), the likelihood of accessing information by persons with disabilities is narrow. This highlights the importance of providing services and accessible information. The main reported challenges in accessing information were physical distance (86.4%), lack of economic resources (65.3%), lack of physical access (61.9%), followed by discrimination/ harassment and inaccessible format (32.0% each), lack of safety (25.2%), and communication barriers (23.1%).

Figure 9: Main challenges hindering access to information, as reported by respondents (%) (total is more than 100% because more than one option possible)



A plurality of survey respondents (43.0%) reported that they have never been involved in decision-making processes around the services delivered in their community, while 29 per cent reported that they were always involved, 19.7 per cent were sometimes involved, and 8.3 per cent were mostly involved.

Around 56.5 per cent reported not knowing of any complaint mechanisms in place to refer to if unhappy with the services delivered, 4.2 per cent were unsure and 39.4 per cent reported that they did know of complaint mechanisms in place. Among those who knew (36.5%), 73.7 per cent reported having used the available complaint mechanisms. However, 40.4 per cent of survey respondents reported that they do not feel that the community's feedback complaints are taken seriously.

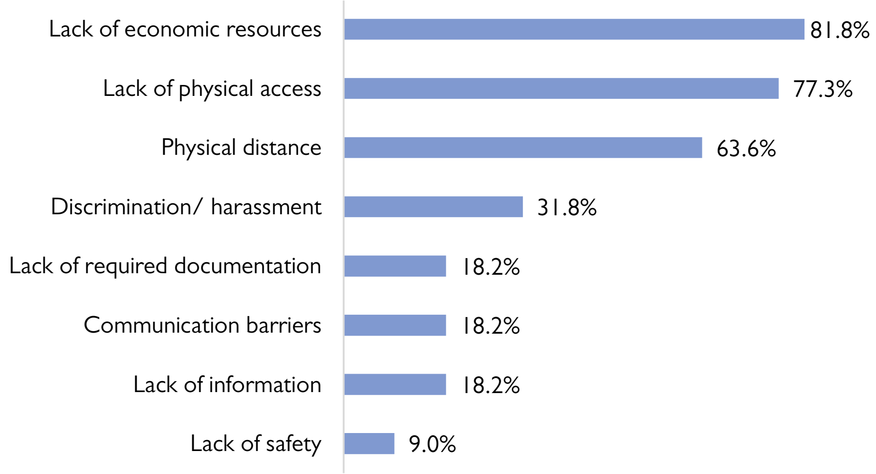
The main suggestion shared by survey respondents to better include their perspectives in community or humanitarian programming was to set up community-based groupings/committees (86.5%), followed by setting up peer support groups (61.7%), ensuring that information about feedback and complaints mechanisms is available (48.2%), and organizing joint assessments (16.6%).

Around 53.9 per cent of persons with disabilities reported that they do not participate in community activities and spaces, 26.4 per cent reported that they do, as much as they desired, and 19.7 per cent reported that they do, but less than they desired. Survey findings show that 69.4 per cent of respondents are not members of any community-based groupings/committees nor do they represent community member issues, and among them, 33.7 per cent reported that they would like to in the future.

Access to Sectoral Services by Persons with Disabilities

When survey respondents were asked about their medical conditions, 29 per cent reported that in the past six months, they have had medical needs, among whom, 39.3 per cent were unable to address them. The main reported challenges they faced included ack of economic resources (81.8%), lack of physical access (77.3%), physical distance (63.6%), among others.

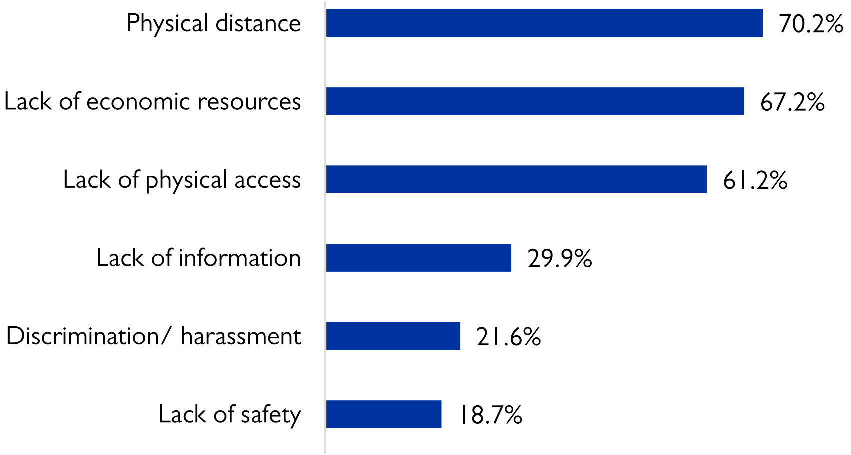
Figure 10: Main challenges to addressing medical needs and obtaining required medication, as reported by respondents (%) (total is more than 100% because more than one option possible)



Seeing that the provision of HIV/VCT services was the top reported unavailable basic service (80.8%) (refer to figure 7), 77.7% of respondents reported being unaware of HIV and VCT treatment programs. Around 25.9 per cent reported requiring access to specific nutrition supplies for their health condition. Of whom, 80 per cent require iron deficiency supplements, and 16 per cent require diabetic supplements. Among those in need of nutrition supplies, 60 per cent reported having access to those specific needs and 40 per cent did not. The main barriers for those who cannot access nutrition supplies are the unavailability of the specific supplies (74.5%), lack of economic resources (65.0%), and lack of information on access locations (38.0%).

Overall, 69.4 per cent of survey respondents reported not having access to enough safe water, from reliable sources, for drinking, cooking, cleaning, and personal hygiene, compared to 30.6 per cent who reported having access. The main reasons hindering respondents' access to safe water include physical distance (70.2%), lack of economic resources (67.2%) and lack of physical access (61.2%).

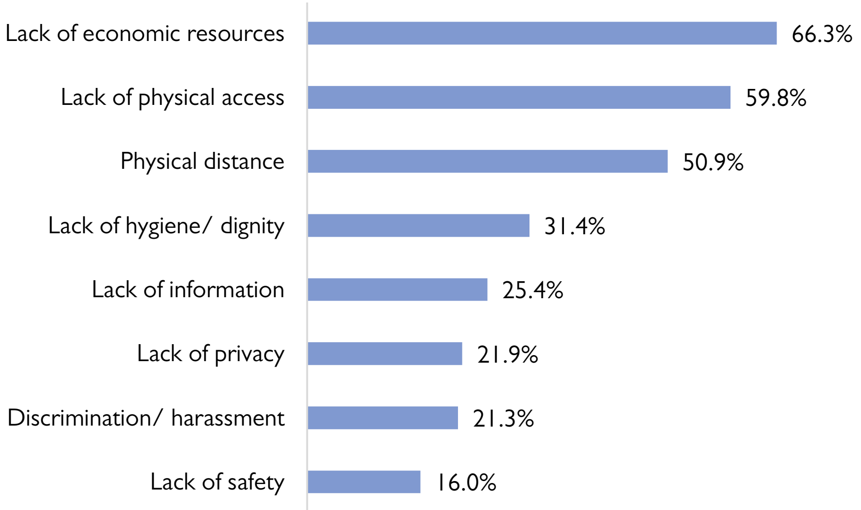
Figure 11: Main challenges hindering access to enough, safe water, as reported by respondents (%) (total is more than 100% because more than one option possible)



To facilitate access to safe drinking water, a large share of respondents (87.1%) suggested to locate water taps closer to their residence, two thirds, or 66.3 per cent, suggested to make water taps physically accessible, 54.4 per cent to provide information about services, 25.4 per cent to provide priority lanes to avoid long standing waits, and 11.4 to remove threats of discrimination/harassment.

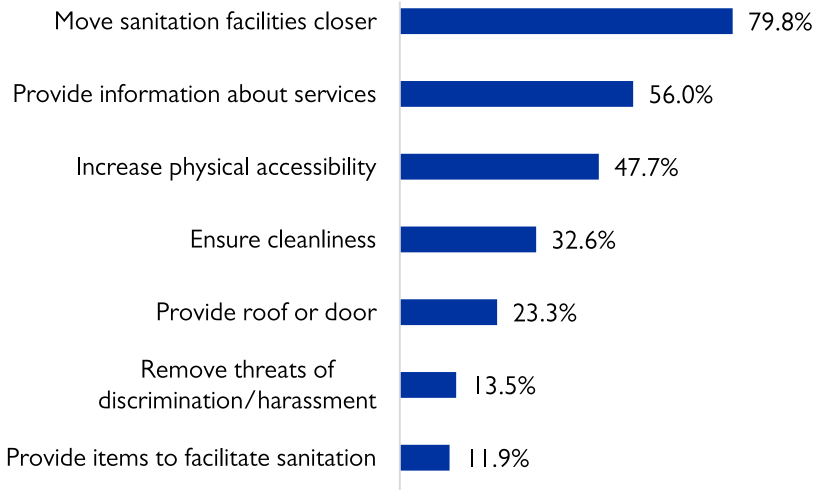
A majority of persons with disabilities interviewed, or 87.6 per cent, reported not having access to latrines or a sanitary facility. The main reported challenges in accessing latrines or sanitary facilities were lack of economic resources (66.3%), lack of physical access (59.8%), and physical distance (50.9%)

Figure 12: Main challenges hindering access to latrines or a sanitary facility, as reported by respondents (%) (total is more than 100% because more than one option possible)



To facilitate access to sanitation facilities, 79.8 per cent of persons with disabilities suggested to move sanitation facilities closer, provide information about services (56.0%), increase physical accessibility (47.7%), among other suggestions.

Figure 13: Suggestions to facilitate access to latrines or a sanitary facility, as reported by respondents (%) (total is more than 100% because more than one option possible)



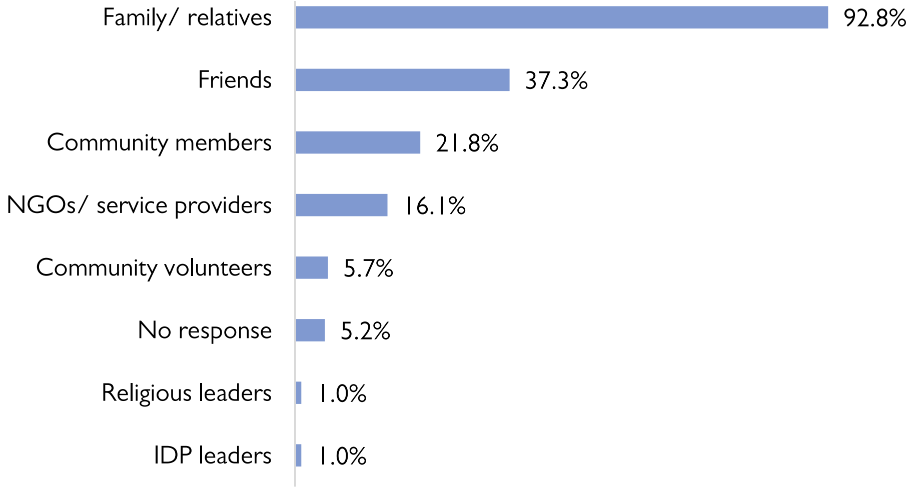
Most survey respondents are not registered for distributions, as reported by 83.4 per cent, and when asked why not, discrimination/harassment was the leading reason (63.4%), followed by lack of information (49.7%), physical distance (46.0%), no registration exercise had taken place since their arrival (43.5%) and not feeling safe or comfortable to register (7.5%). Most of the survey respondents, or 78.2 per cent, reported not benefiting from fast-tracked registration services based on identified vulnerabilities.

Around 60.6 per cent reported not being satisfied with their shelter condition, 78.2 per cent reported not being able to improve it and 81.4 reported not having access to shelter material locally. When asked if respondents are able to easily enter and move around in their shelters, 36.3 per cent answered yes, 36.3 answered no, they have a lot of difficulty, and 27.4 answered no, they have some difficulties. Among those who answered no, the main challenges they faced were that the shelter is not accessible.

Almost half of persons with disabilities, or 46.6 per cent, reported not facing any particular challenges in accessing and benefiting from NFI distributions, 3.6 per cent never tried to or did not know, 24.4 per cent reported not being part of the target group and the remaining reported facing the following challenges: physical distance (26.9%), lack of physical access (25.4%), discrimination/harassment (14.5%), and communication barriers (8.8%).

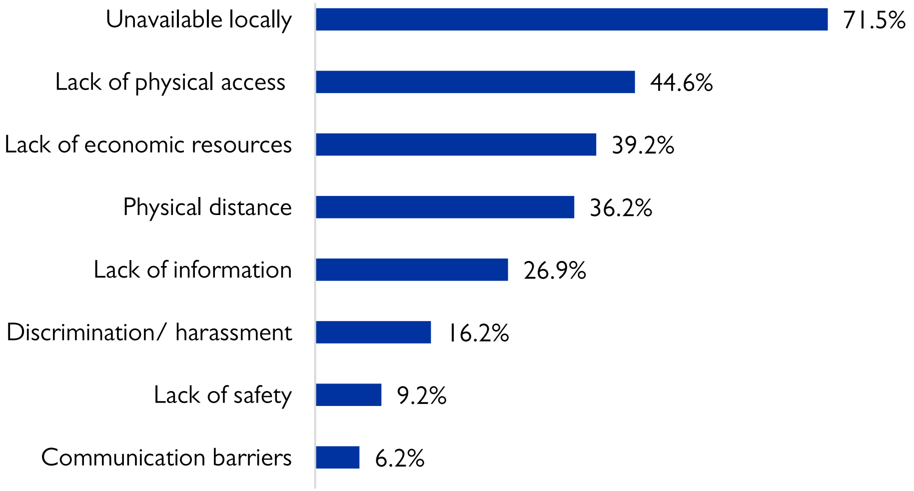
Family members and relatives represent the main source of strength and support for the majority of survey respondents (92.8%). This highlights the level of dependency of persons with disabilities on family members and caregivers and also draws attention to the continuous stress the latter likely faces as they bear the burden of care. Friends, community volunteers, NGOs/service providers – the top subsequent answers – are mentioned by only 37.3 per cent, 21.8 per cent and 16.1 per cent, respectively. Other answers include community volunteers, IDP leaders and religious leaders, as reported by a total of eight per cent

Figure 14: Mains sources of strength and support in daily life, as reported by respondents (%) (total is more than 100% because more than one option possible)



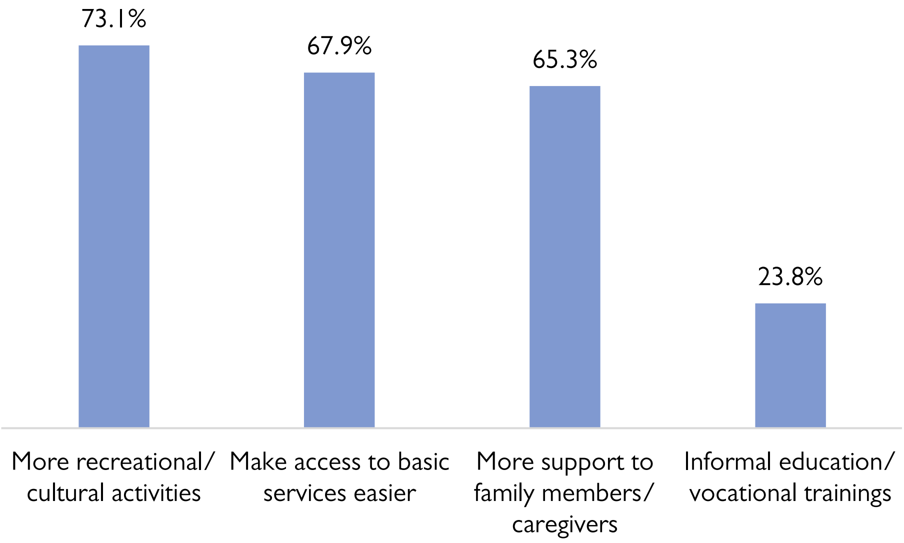
The majority (67.4%) of persons with disabilities interviewed lack access to psychosocial support, such as recreational activities, counselling, or peer support groups. Informal and formal support groups (7.8% and 6.7% respectively), and counselling (18.1%) and other forms of psychosocial support are less common. The main reasons respondents lack access to psychosocial support were that such support is unavailable locally (71.5%), lack of physical access (44.6%), and lack of economic resources (39.2%).

Figure 15: Mains challenges hindering access to psychosocial support, as reported by respondents (%) (total is more than 100% because more than one option possible)



When survey respondents were asked about their perceptions on what actions could be taken by their communities to support in making their lives happier and more satisfactory, the leading answer, as reported by 73.1 per cent, was to organize more recreational and cultural activities, make access to basic services easier (67.9%), provide more support to family members and caregivers (65.3%), and offer informal education and vocational trainings (23.8%).

Figure 16: Suggestions to make PWD's lives happier and more satisfactory, as reported by respondents (%) (total is more than 100% because more than one option possible)



Access to Welfare Services by Persons with Disabilities

A majority (62.2%) of persons with disability interviewed are not assisted to meet their needs and live in dignity, compared to 37.8 per cent who reported that they are assisted. A simple majority (52.3%) of the survey respondents do not feel that their family or neighbors treat them negatively as a result of the difficulties they face. However, 47 per cent reported that they do feel negative attitudes towards them, and less than one per cent preferred not to answer.

When survey respondents were asked whether people treat their families differently because of the difficulties they face, 19.7 per cent answered no, 42 per cent answered yes, they are treated negatively, and 33.2 per cent said yes, they are treated positively. Around 4.2 per cent responded that they are not living with their families, and one per cent preferred not to answer.

Around 41.5 per cent of persons with disabilities interviewed reported that they are unable to share their concerns with someone when needed, compared to 57.5 per cent who are able to do so, and one per cent who preferred not to answer. Among those who are able to do so, almost all, or 99.1per cent, reported sharing their concerns with family members, followed by friends (56.8%). The survey findings show it is less common for persons with disabilities to turn to community volunteers (23.4%), service providers (11.7%), and peer/community-based support groups (1.8%) when needed.

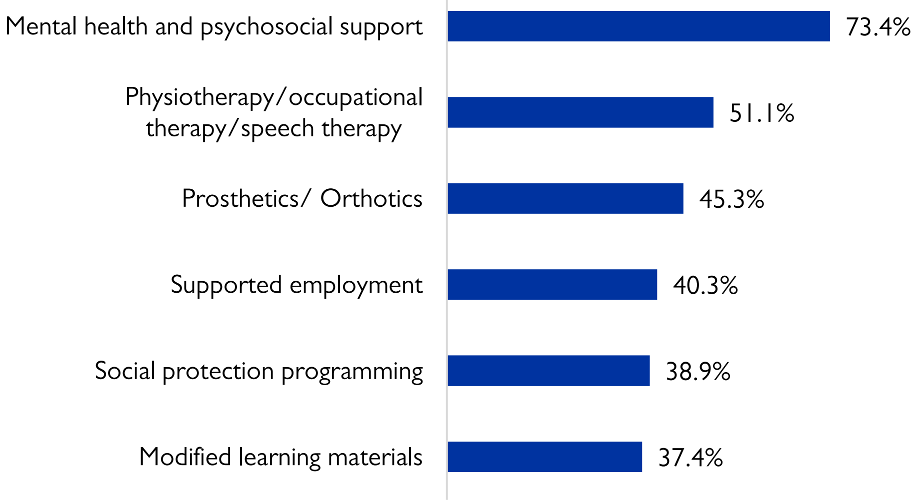
Almost one in two persons with disabilities (41.5%) reported requiring assistive devices as a result of the difficulties they face. Around 38.8 per cent reported that they need mobility orientation, 31.3 per cent need sign language training, 12.50 per cent need Braille 1 (basic) training, a universally accepted system of writing used by and for PWD in the domain of seeing, and 7.5 per cent need Braille 2 (advanced) training, among other needed trainings.

Figure 17: Trainings and assistive devices requested by PWD and whether they are accessible or not, as reported by respondents (%)

Training / Assistive device	Requested	Not requested	No answer	Accessible	Inaccessible
	% of respondents				
Mobility orientation	38.8%	60.0%	1.3%	51.6%	48.4%
Sign language	31.3%	68.8%	N/A	80.0%	20.0%
Braille 1	12.5%	87.5%	N/A	70.0%	30.0%
Braille 2	7.5%	92.5%	N/A	66.7%	33.3%
Other	6.3%	93.8%	N/A	N/A	N/A

Additionally, 72 per cent reported requiring specific services, due to the difficulties they face. Among whom, the majority, or 73.4 per cent, required needing mental health and psychosocial support (MHPSS), followed by physiotherapy or occupational/speech therapy (51.1%) and prosthetics/orthotics (45.3%).

Figure 18: Needed specific services, as reported by respondents (%) (total is more than 100% because more than one option possible)



A majority of respondents, or 74.1 per cent, reported that they have not received health and/or rehabilitation treatment for their condition, while 25.9 per cent reported that they have, half of whom (50%) were still receiving it at the time the survey was conducted. When survey responded were asked about their perceptions on ways to increase their access to services provided, 75.1 per cent answered to increase access to free of charge services and treatments. More suggestions included providing accessible transport (61.7%), friends and caregivers (50.3%), outreach services (47.7%) and community support (38.9%).

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